The Deaconess Story

BIENNIAL REPORT · 1952-1953

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DEACONESS ROAD, BOSTON

NEW ENGLAND DEACONESS HOSPITAL

INCLUDING:

Deaconess Building

Central Building

Baker Building

Palmer Building

Cancer Research Institute

More than five hundred patients and visitors, coming to the New England Deaconess Hospital daily, receive a cheerful greeting as they enter its doors.

A warm welcome and a guiding hand in the Hospital's admitting office bring a friendly response from a young patient who appreciates personal attention.

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Major Needs of the Hospital. *Inside Back Cover*

Foreword

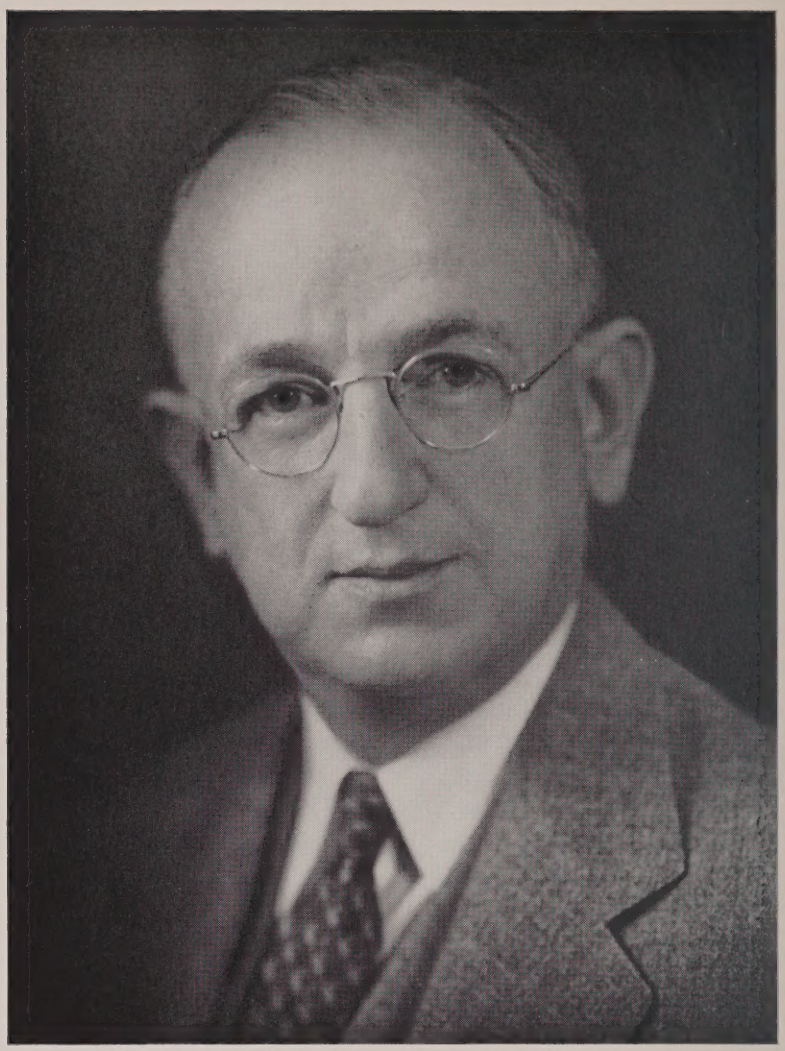
THIS is the story of The Deaconess. It tells what happened during 1952 and 1953. It is the story of buildings, of work, and of people who help others.

The New England Deaconess Hospital is the continuing result of the endless work of hundreds. During the past two years it has moved into a larger and even more challenging era of its life. The new Central Building has meant increased space and increased efficiency, but more important than all that is visible is the meaning of this new period to the health and happiness of more people.

This is not the whole story for the past two years. How can one describe, for example, the "spirit" of Deaconess? The "friendliness" that surrounds every person the moment he enters the hospital? The physicians and surgeons would find it impossible to present their whole picture, and a student nurse would not be able to express her feelings adequately about the career for which she is training. It would be difficult to write about the unlimited possibilities in research.

If it were not for the members of the Corporation, Trustees, and Volunteers who give so freely of their time, there would be no hospital about which we could tell a story.

Here, then, is the Deaconess Story for 1952-1953.



STANLEY O. MACMULLEN

A Few Words from the

WHEN the great and trusted supports of an institution are removed or changed, there come moments of apprehension and uncertainty. Twice during the year the New England Deaconess Hospital faced such a crisis. Stanley O. MacMullen, friend of the Hospital and chairman of its executive committee for many years, found it necessary to relinquish his active duties. Upon his judgment had rested many decisions in guiding the destiny of this nine-million-dollar corporation. The years have proved the rightness of his choices. Today we honor and thank Stanley MacMullen for his faithfulness and service to the Hospital, and pray that the years ahead may grant him increased strength and deepening joy in the continued accomplishments of the Hospital. Deeply imbedded in the future course of this institution will lie the determination and spirit of this loyal servant.

* * *

FOR nearly a quarter of a century Dr. Warren F. Cook served as executive director of the New England Deaconess Hospital. Coming to the Hospital at a time of diversity and instability, he brought

DR. WARREN F. COOK

PRESIDENT OF THE CORPORATION

order and strength out of weakness. The great hospital that we have today owes not only its greatness but also its very life to his leadership and determination. Enlisting all groups in its support, securing outstanding and competent advisers, helping to build a medical and surgical staff that is unsurpassed, and obtaining skillful department heads, he has brought the institution to its present high-ranking position. The new unit, which we prize so highly, stands as a monument to his herculean efforts, his faith in the future, and his unwillingness to be dismayed by any obstacle or obstruction in the way. Of course he still stands in a very active relation to all that is being done, for the words "take it easy" do not appear in his vocabulary. A man of prayer and spiritual might, he has many times called upon resources beyond his own human limitations and found strength and guidance for the morrow. And always with a song in his heart and a smile on his face!

Our truest thanks to Dr. Cook will be in the assumption by each one of us of the mighty dreams and courageous endeavors that have marked his quarter-century of leadership in the New England Deaconess Hospital. — BISHOP JOHN WESLEY LORD.

Bishop John Wesley Lord congratulates Dr. Warren F. Cook upon completion of more than 24 years as executive director.

Report of the EXECUTIVE DIRECTOR

THE four outstanding events of the past two years' building operations were: *First:* The signing of the contract with the Turner Construction Company, authorized by the Executive Committee on October 9, 1950.

This was a firm bid contract which the Building Committee insisted upon and the State Department of Public Health required. This turned out to be a very wise procedure since we were in an economic spiral.

Second: The second event was the groundbreaking ceremony on October 20, 1950, at which Mr. Ernest S. Howes, then President, turned the first shovelful of dirt. Many of the local members of staff, Trustees, Executive Committee, and Friends of the Deaconess spoke, including Mr. Howes, Mrs. Grant, Dr. Joslin, Dr. Lahey, Mr. MacMullen, Dr. Cattell, Dr. Root, Dr. Rubenstein of the State Department of Public Health, and Dr. Cook.

It was an informal gathering, attended largely by nurses and employees of the hospital and officials of staff and Trustees.

Third: The third event and step in our program was the laying of the cornerstone by Mr. Ralph Thompson, Chairman of the Building Committee. This was on May 27, 1952. Bishop Lord was now President and presided. Again the speakers were from our own family — Mr. Thompson, Chairman of the Building Committee; Dr. Lahey, Chief of Surgery Emeritus; Dr. Joslin, Chief of Medicine Emeritus, and Mr. Snow, who had been in charge of fund raising. Again the audience was mostly our own family. On February 24, 1953, the first patient was welcomed to the new Central Building.

Between the time of ground breaking and the laying of the cornerstone, the hospital family had lost nine of its influential members; namely, Mr. Ernest G. Howes, Mrs. Catherine Delano Grant, Mr. Ralph Thompson, Mr. Adrian Sawyer, Dr. Harold Kent, Dr. Frank Pemberton, Dr. Louisa Paine Tingley, Dr. R. S. Titus, and Mr. Joseph Chamberlin.

Fourth: The fourth event or step in our program was the ceremony of dedication on June 9, 1953. The day began at 10 o'clock with a visitation of the new hospital by those who had been invited. This visitation went on all day under trained guides. At noon there was a luncheon at Longwood Towers, where two hundred guests sat down together to listen to the Bishop, the President of the Massachusetts Hospital Association, the President of the Massachusetts Medical Society, Dr. Rubenstein, Representative of the State Board of Health, and the Secretary of the Board of Hospitals and Homes of the Methodist Church. This was the first public appearance of Dr. Cook after a severe illness.

This group adjourned to the lobby of the new building, which was set up for the Dedication Exercises. These consisted of an invocation by the Rev. H. Daniel Hawver, the Bishop's reading of the dedicatory sentences prepared by Dr. Cook, presentation of the keys by the architect and builder, and a most interesting and forceful address by Dr. Clark G. Kuebler, President of Ripon College, after which there was further visitation and tea. More than 1,000 visitors registered and were enthusiastic about what they had seen.

To tell the story of the new Central Building, we must go back to at least 1946, when final planning began. We had long known that we must have more beds and must centralize and enlarge our service areas.

At an Executive Committee meeting in April, 1946, the committee took action regarding new plans for a larger and more workable building than before contemplated. They thought at the

October 20, 1950 — The first step towards the fulfillment of a long-awaited dream. Mr. Ernest B. Howes, president of the Hospital, turned the first spadeful of dirt at ground-breaking ceremonies for the new Central Building.

time that a building could be built for $1,500,-000. They soon learned it would cost at least $2,000,000, and finally spent more than three and one-half million dollars to finish our fine new hospital.

The first aim, as intimated above, was to centralize the various services of the hospital in the interest of efficient operation, increase the number of beds, make the distribution of the types of beds (ward, semi-private, and private) more equitable, and acquire adjoining properties for adequate parking areas.

Our services were scattered. We had two kitchens — one in Palmer basement and one on the Deaconess first floor. From the Deaconess kitchen we serviced not only patients in the Deaconess building, but the nurses' dining room in the basement of Harris Hall.

This service entailed dropping food carts to the tunnel level by elevator, wheeling them nearly a block from Deaconess to the Harris Hall tunnel and up a steep ramp to the dining room. This required three or four men to push these carts up this ramp for each meal daily and was always dangerous as well as inefficient. Palmer and Baker patients were fed from the Palmer kitchen. We now have one central kitchen from which all patients' meals are served and which also serves the beautiful cafeteria adjoining.

By modernizing all floor kitchens, all meals are now served in bulk from one central kitchen, assuring hot meals at all times.

In the old setup we had three admitting offices, three cashiers' offices, and two record libraries — each using a different system. We now, of course, have one admitting office, one cashiers' office, and one large record room. All these are conveniently located on the first floor of the new Central Building, as well as all other

administration offices, including a fine conference room.

Here also are our new pharmacy store, the Friends' coffee shop (which has become so popular), the flower shop, and the doctors' lounge.

The X-ray Department had functioned in three places—two in Deaconess and one in Palmer. Now, with the exception of the Photoroentgen room, which screens all patients for tuberculosis, the X-ray Department is centered on the second floor of the new building.

However, when our two-million-volt x-ray therapy machine arrives, it will be located two floors below ground at the right front of the new building. This new machine is the rotary type which plays a constant stream of two million volts to deep-lying tumors. There are only six of these machines in the hospitals of the country. Experiments have been going on for more than a year at M.I.T. with a similar machine, and the results are encouraging. Dr. Marks says: "We continue to believe that high-voltage x-ray, if carefully given, may be of help to some of the patients who are already beyond the possibility of cure by the surgeon. A few of these patients can undoubtedly be cured by a series of x-ray treatments, and some of those who cannot be cured can be given a degree of palliation which is not possible with machines operating at a lower voltage."

The Cancer Research Institute has been fortunate in obtaining the only existing model of the newly invented and developed Polaroid ultraviolet color translation microscope. This instrument has been loaned to the Institute by the Office of Naval Research to facilitate research in the field of biology and medicine in the Boston area. It is currently being made available to other groups beside the Institute staff to facilitate their research. This instrument, by a newly devised lens system and controlled system of ultraviolet light in various wave lengths, has proved to be of great value for the recognition of certain constituents of tissues.

The third floor of the new building is a patient floor where rooms are equipped with all modern devices to save nursing time and are beautifully decorated to bring maximum cheer to the patient.

On the fourth and fifth floors all operating facilities are located, with a central supply system on the fifth floor serving not only the operating rooms but all patient floors of the Hospital. There is also a modern recovery room, where patients are kept until they recover from anesthesia.

In building this structure, the Trustees looked well forward to future expansion. At considerable extra expense, they had the foundations of this new building built large enough and strong enough to carry an additional six stories. These will be patient floors. Provision has been made in service areas large enough to service these additional patient floors, when built.

Great help was received by the counsel and advice of Dr. Henry Pollock, former Director of Massachusetts Memorial Hospital, who was retained as a consultant in making our basic plans

Service in return as Dr. Elliott P. Joslin is immunized by Miss Alice Thorpe, School of Nursing graduate, 1905, and one of his first typhoid patients.

for room sizes and service areas. Dr. Pollock's wide experience and sound judgment were of inestimable value at this stage of construction, when mistakes would have been disastrous.

The building carries a mortgage of $1,500,000, which we anticipate paying off in twenty years or less. We paid our last mortgage of approximately $900,000 five years before it was due. We made annual payments of approximately $20,000 a quarter, which included principal and interest. We now must pay $27,500 a quarter on the same basis and are setting up an amortization fund of $10,000 a month for this purpose.

During the construction of the new building and renovation of old areas, services have gone forward with as little interruption as could be expected. The builders cooperated with us perfectly in spite of the fact that they often had great difficulty in securing materials. At one point, construction was held up six months waiting for steel.

Patients reacted to changes marvelously in spite of the fact that sometimes men were working just beyond a curtain partition.

Gratitude is due to all the staff as well as nurses, heads of departments, and other workers for the fine spirit displayed through a most difficult period of construction and change. When we came to move from the old into the new, we saw a splendid demonstration of this spirit and efficiency.

We had to move the kitchens to the new Central location and not miss a meal for patients. This began at 3 p.m. on January thirtieth after the noon meal. The evening meal was served from the old kitchens, and by 8 p.m. all moving was completed and a test meal served from the new kitchen to all who participated in the moving.

In my absence due to illness, Mr. Lowry with Miss Winger engineered the project, which went like clockwork. So went all the changes. All are to be congratulated.

Mention should be made of the work of Mr. William B. Snow in our campaign for funds. When one third of our original goal had been reached, Mr. Snow agreed to undertake the raising of the balance. He sat down with the Director and worked out separate quotas for the Corporation, the Trustees, the staff, the nurses' alumnae, and the public.

The Corporation and Trustees' quotas were based on free work. The doctors' quotas were based on fee service which the doctors had had in the hospital during the past five years. There was also a Church quota worked out with the Bishop and the New England area Cabinet.

On the whole, quotas were accepted and the $1,500,000 was raised. Great credit goes to Mr. Snow for the influence he had with various groups as well as for his own generosity.

However, as we progressed and the inflation spiral continued, we found we must have more —much more—than $1,500,000. It was here that we applied for a grant from the Hill-Burton funds offered by the Federal Government, assured that after complying with initial regulations we would have no interference or regulations imposed.

So with the original $1,500,000, the $1,500,000 mortgage from John Hancock, the $410,000 from the Federal Government, and some additional moneys raised from other sources, we proceeded to construct a new building costing over $3,500,000.

We had also completed within the previous year a new Cancer Research Institute costing $500,000. The work in this Institute has progressed as planned, and our connection with Harvard University through this Institute and our Department of Pathology has been expanded and enhanced. Dr. Warren was largely responsible for getting the money for this Cancer Research Institute and was also initially helpful in getting the money from the State Health Department for the new Central Building.

One incident shows the faith and courage of our Trustees and friends. On a Saturday morning I was informed that, if we were to receive the $410,000 from the Federal Government, we must have a 3 per cent cushion in our Building Fund in cash and good pledges. This was the first we knew of this. We felt we had covered this in obsolesence funds which were accumu-

May 27, 1952 — Laying the cornerstone for the Central Building were Dr. Elliott P. Joslin, Physician-in-Chief Emeritus; Ralph E. Thompson, Building Committee Chairman; Dr. Frank H. Lahey, Surgeon-in-Chief Emeritus, and Bishop John Wesley Lord, President of the Hospital.

lating so that when needed we would have the money in cash. This, however, was not sufficient to meet the Federal Government's regulation. We must have cash or signed pledges.

Many of our good friends were on vacation, but I proceeded to call all whom I thought would make additional pledges to this fund. By Monday morning we had the full amount, and by the time needed, no one was called upon to redeem these pledges. Taking one of these pledges for $5,000 back to one of our good friends, he said, "This is the first time in my life I ever had a pledge returned to me," and he immediately signed another for the same amount.

Nursing

A number of items in our Building Program had to be cut out to get within our funds. We originally expected to make extensive alterations at Harris Hall, that we might increase our school enrollment. For example, we now have room for only forty students in each class, even though our list of applicants this past year was 228. This problem is still before us.

There was also the moving of the Chemistry Laboratory into the old Palmer kitchen space, and the remaking of Deaconess' main kitchens into a room for stores. There was also need for extensive enlargement of our laundry.

We are very proud of the full accreditation of our Nurses' Training School. Most of the schools of the country are not fully accredited, and it is to our great credit that we made the necessary changes in the nurses' home and met other requirements of the National League of Nursing so that our school is in the top rank of all of the schools of the country.

We must procure more nurses if we are to open beds to serve the needy sick. We have a long list of patients waiting to get into the hos-

pital. We have the beds, fully equipped. Nurses must be found to care for these patients. This is a country-wide problem. Many minds are working on it.

"The undergraduate nursing school years might be shortened. The third year might be spent as an internship in hospital training, utilizing these last months to the benefit of the hospital and for increasing the nurses' practical knowledge."

Housing facilities must be increased here, both for students and graduates, and larger school accommodations must be found before we can expect much improvement in the situation.

Laboratories

The Chemistry lab is still in the Deaconess basement. Plans call for this laboratory to be moved to the old kitchen area in the Palmer basement that all the labs will be centralized. When moved, the old chemistry lab space will be made into a badly needed nurses' locker room. This total operation will cost in the neighborhood of $75,000 and is a project we hope to accomplish this year. A portion of the old Harris Hall basement (once dining area) has been made into a very nice locker room for the women help. The balance is being made over into nurses' classrooms and more nurses' laboratories.

Of great significance to the laboratories and the patients they aid is the Cancer Research Institute which, in its groups of biochemistry, biophysics, experimental pathology, hematology and radiobiology, is exploring some of the frontiers of knowledge and makes available for the better service of the patients in the hospital the highly specialized apparatus and highly skilled personnel available. In addition, new procedures of diagnostic or therapeutic value, such as the utilization of radioactive isotopes, can be applied promptly to the needs of patients in the hospital.

Social Service

One of our most important and less expensive departments is Social Service. Not only is this department helpful to patients with small incomes, but to patients who are disturbed mentally or emotionally because of the seriousness of their illness. A patient facing operation or therapy treatment for cancer, a child with diabetes or his parents may be so disturbed emotionally that medicine will not have its full effects. These patients can be helped greatly by Social Service and also by the Chaplain, for religious faith is a strong arm for most people.

The department has contacted over seven hundred community social agencies during the year in helping 1,196 patients, and classes have been held by Mrs. Jameson for student nurses on the social aspects of illness.

Personnel

Our Personnel Department's new quarters, with entrance directly from the street, are excellent. More than 3,500 people were interviewed during 1953. This was 1,100 more than were interviewed in 1952 to employ practically the same number of people, showing the greater difficulty in procurement this year.

While turnover is large in all hospitals, one of the things which gives us strength is the large number of employees who have been with us for years. We have 163 people who have served the hospital between five and forty-one years, making their total years of service greater than the years of the Christian Era.

We have accordingly organized, under Mrs. Stykolt of the Personnel Department, a work simplification course, which began with the heads of departments and is now being carried through all personnel. We expect this to help greatly in all departments of our work. This course in work simplification is aimed to decrease our turnover, make our workers more efficient, and ultimately decrease the number.

Maintenance

Mr. Sabine and his crew of maintenance men are making over the basement of Harris Hall into classrooms for student nurses but, of course, this does not care for structural changes necessary to give more dormitory rooms. Mr.

The Polaroidscope, a new ultraviolet microscope, has been loaned to the Cancer Research Institute by the Office of Naval Research. The only instrument of its kind, the machine has already gone beyond its early promise in revealing secrets of human cell construction.

Sabine and his men are also doing the work in making over the old Deaconess kitchens into one large storeroom, which is essential to our work. This storeroom opens directly on the alley back of Deaconess building where trucks can conveniently deliver goods to the first floor and to the laundry elevator which drops to the basement level.

Volunteers

Great credit should go to Mrs. Blanchard and the Volunteers for the splendid way they carried the work of the new Coffee Shop through the summer when regular Volunteers were on vacation. We have at the moment 264 Volunteers who have given in time more than 10,000 hours of service during the year. Such service has value far beyond the money it brings — social value to the hospital and great good will. We do not forget, however, that more than $80,000 has come through the Friends of the Deaconess in the past two years.

Laundry

Our laundry has laundered 2,640,000 pieces of linen the past year, manufactured 26,440 pieces, and repaired 16,100 pieces of linen. We are fortunate in having been able to install a modern loading device, which we have long needed.

Messenger Pool

To help meet our nursing situation, we have organized this year a messenger pool which is intended to free nurses from all miscellaneous duties except the actual care of patients. This work is new, but bids well for the future.

Shock Therapy

For those patients who are severely disturbed

emotionally, we have introduced a shock therapy ward on Deaconess I. This work, which is largely outpatient, is growing rapidly, indicating the great need for this service. This type of treatment has been planned under the direction of a committee of three psychiatrists of the hospital staff. Already this remarkable advance in psychiatric treatment has been utilized successfully with more than one hundred patients during the few months since its establishment here.

Our hospital is becoming more and more a teaching hospital. The new Cancer Research Institute adds greatly to this end. Our staff is a teaching-minded staff. The Joslin Auditorium adds much to this end. Classes are held there daily, also in the Joslin classroom of the Baker Building. Our Newsletter indicates that almost every hour of the day teaching of some kind is going on in the Joslin Auditorium or the Joslin classroom.

In this Auditorium the hospital continues to give to diabetics the medals for living as long or longer with diabetes than the life expectancy without it. This service was made possible by a gift of $1,000 from Mrs. William Amory. Dr. Joslin thinks 1,500 or more of these have been given to patients, showing the improvement in the care of diabetics going on at the Deaconess. In this connection one remembers the Diabetic store started at the Deaconess twenty-five years ago with a $100 gift given to Dr. Joslin by a grateful patient. This is now our beautiful, flourishing Pharmacy store.

We should properly add here a word about Dr. Joslin's proposed teaching clinic, which he hopes to erect across Pilgrim Road from the Deaconess building. This Clinic would house the Joslin offices, laboratories, and a floor of low-priced beds for ambulatory diabetics who would require little nursing. The Executive Committee has taken the following action on this:

"*VOTED: That the New England Deaconess Hospital approves with enthusiasm the proposed establishment of the Hospital Teaching Clinic in a three-story building to be built at 170 Pilgrim Road by one or more of the Diabetes Funds and by outside contributions and expresses its deep gratitude to Dr. Elliott P. Joslin for the time and money which he has given and has persuaded others to give in order that the Hospital Teaching Clinic may become a reality.*"

Year's Work

The volume of work for this year was almost as high as last year, which is remarkable when you consider the number of beds that had to be closed during construction and renovation. We did not get through without a small deficit, but this too is commendable under the circumstances.

Change of Administration

A change in administration was made by the Executive Committee the first of the year. Mr. Robert Lowry, who had been assistant director for more than seven years, was made executive director, and Dr. Cook became executive consultant. Dr. Cook will have been here twenty-five years next August. Mr. Lowry had medical administrative experience in the last World War, has had unprecedented experience during the building of our new hospital, and is, I believe, finely qualified to carry on the administrative work of this growing institution.

As I close this report for 1952 and 1953, let me say a word about the need and desirability of a chapel on the hospital grounds. This need is shown by patients, visitors, and personnel. The chapel need not be large. Services need not be regular, but for the weary of mind and heart of those connected with a hospital, such a quiet haven for meditation and prayer would be immeasurable in its benefits. I should be glad to undertake the raising of funds for such a purpose. I know we have need of funds for other purposes, but I do not think the raising of funds for this purpose would interfere. In fact, I think it would stimulate.

At the end of the second year's life of Deaconess Hospital, the *Boston Transcript* said: "Of all the many charities with which Boston is endowed, none is more preeminently beautiful

or beneficent than the work of the Deaconess Hospital on Massachusetts Avenue.

"Founded but two years since to supplement the labors of the Deaconesses among the poor and sick, it has rapidly grown, not only beyond the expectations of the founders, but beyond the present capacity of its buildings. It is unsectarian in its broadest sense, and numbers among its patients members of every religious faith, yet the dominant note is that of a Christian home.

"Such has been the reputation of the hospital that its limited space is always taken and many are waiting for an opportunity for treatment.

"It is painful to these women, whose lives are wholly given up without fee or reward to relieving the misery of others, to be obliged to turn away the sick and suffering to whom they would gladly extend the great facilities for recovery possessed by the hospital. But alas! — with the few beds at their disposal, they have to refuse numerous pay patients and thereby lose the income that would go towards extending the number of beds for charity patients.

"Scarcely a day passes that the pressing necessity of more room is not forced upon them. The Deaconesses themselves are but ministering angels. They have no means at their command other than what a kind providence sends to them through the benevolence of others."

This has been the story of the New England Deaconess Hospital through the years.

As I close my work as Director of this institution, I want to express my deepest appreciation for the friendships I have made, the loyalty I have had, the cooperation and backing of Trustees and staff, the heads of departments, the nurses, and all workers.

My roots are here. I love you all.

May the words of Gladstone about Morley be true of all who work here.

"*He stood in the door of history, not to block it, but to keep it open that future generations might pass through freely.*"

— WARREN F. COOK

Work simplification classes provide an opportunity for employees to meet with their coworkers and share ideas on improving their efficiency. This simplification results in more time and energy for increased service to the patient.

FRANK H. LAHEY, M.D.—1880-1953

Report of the MEDICAL ADMINISTRATIVE STAFF

THE opening of the new Central section of the hospital this year has tremendously facilitated the care of patients. The staff welcomed the unification of the X-ray Department, which has promoted medical teaching, and increased the services rendered to physicians in the care of their patients. The two new operating floors, provided with most modern equipment, have already proved of great value in the treatment of surgical patients. The new Central diet kitchen with its improved service of food to patients is much appreciated. The large cafeteria with its outlook on the Riverway provides an attractive dining room and a room for committee meetings which is serving to bring together the staff of the hospital for conferences and committee meetings in a manner which redounds to the advantage of patients' care.

The pressing demand for beds by patients from all parts of this country makes it urgently necessary to keep all the available rooms and beds at the hospital open. Some solution for the problem of securing sufficient nurses must be found. A committee appointed by the Administrative Staff has already met and plans for conserving the time and energy of nurses are being put into effect. The medical staff may aid further in making nursing more attractive. Our nurses are most eager to know more about the cases with which they spend so much time. It is as necessary to stimulate the nurse's interest as it is our duty to stimulate the thinking of a medical student or resident. More security must be assured after the nursing degree, and available living quarters for graduate nurses while on duty, supplied by the hospital at a fair rate, would be most helpful.

The new Elliott P. Joslin Auditorium is being used to the fullest advantage. In the year 1953, a total of 842 scheduled meetings were held in it under the direction of the medical and surgical staff, plus 21 special meetings of nurses' groups or associations. In addition, other medical organizations have taken advantage of this most attractive auditorium on 37 occasions, including its use for the training of special groups of volunteers for the Massachusetts Civil Defense.

The staff unanimously feels this new auiditorium, made possible through the generous gift of Dr. George G. Averill, members of the staff, and many patients, will be of increasing usefulness in extending the educational program of the hospital.

In one of the newly outfitted sections in the older portion of the hospital, the introduction of electric shock treatment for mental disorders has been made possible. This type of treatment has been planned in the Deaconess Hospital under the direction of a committee of three psychiatrists of the hospital staff. Already this remarkable advance in psychiatric treatment has been utilized successfully in more than one hundred patients during the few months since its establishment.

Two medical libraries now exist in the hospital—one in the new Cancer Research Institute and the older one on the fifth floor of the Baker Building. These libraries are intended to meet immediate needs and are aided by the nearby libraries at Harvard Medical School and the Boston Medical Library. The library in the Baker Building is limited. Space is at a premium. Between 100 and 125 young men acting as fel-

With the death of Dr. Frank H. Lahey on June 27, 1953, the Corporation, Trustees, Medical Staff and the New England Deaconess Hospital family suffered a great loss. Dr. Lahey participated in many activities of the Hospital and was, for years, the Surgeon-in-Chief. He was a great surgeon and physician and a staunch friend and benefactor of the Hospital.

lows are actively participating in the treatment of patients at the Deaconess Hospital. Their use of these books and medical journals is an important part of their training. The library really needs a librarian who could give at least one-half time to its care.

The Surgical Staff has had a memorable year. On March 23, 1953, the new operating suite of the hospital officially opened. With one of the most modern and most efficient surgical units in the entire country, centralizing as it does the central supply room, recovery room, and operating suite on two of the floors (fourth and fifth) of the new building, the Trustees, Administration, and Staff of the New England Deaconess Hospital are justly proud. We feel a deep sense of gratitude to the many friends of the hospital who have made this vision a reality.

The operating suite of a modern hospital is an expensive unit to build, to equip, and to run. Maximum safety to the patient undergoing a major operation demands air-conditioning, elimination of static spark to prevent explosions of the anesthetic gases, expensive lighting, special plumbing, and electrical wiring, and unbelievably costly equipment. In addition to this there must be a large room equipped and reserved for patients recovering from anesthesia where they will be under the continuing care of trained personnel with all of the necessary facilities immediately available. These facilities, costly as they are, can at best be used but a part of each twenty-four hours. Yet they must be immediately available for emergency use each and every hour of the year. In hospital finances, at least a part of the cost of running this vital center of every hospital must be shared by all patients who enter; patients who may have penumonia today, but surgery tomorrow; facilities like our fire department which we must all support, yet hope not to use.

Our staff reorganization has created certain problems for our surgical resident training program — problems not unsurmountable, but requiring thoughtful study. The line which divides service from education in a training program may at times be a delicate one but it is all important. The American Medical Association, like all medical educators, has officially recognized that our internships and residencies are fundamentally educational and not service programs and that service is a product of education rather than the reverse. Our own problem is the result of sudden expansion of the work load on our residents without compensatory increase in the educational components. Let us hope that we have the imagination and the foresight to set a pattern for the training of our young doctors in private hospitals like the Deaconess which will bring to and keep for their patients the increased protection which is assured by the constant attendance of these young men and women.

Total medical admissions (exclusive of surgical) increased from 3,246 in 1952 to 3,300 in 1953. Shorter average hospital stay has continued to be a factor in reducing patient expense.

The treatment of diabetic patients and their many complications — surgical, ocular, cardiac, and renal — is becoming more complicated. Many are the emergencies, but basically the need today is for earlier and more aggressive treatment and for new methods aimed at the better education of patients early in the course of their disease.

Distressing complications are common in 85 per cent of the diabetics, young or old. Already evidence is at hand which shows clearly that most of these complications are preventable. Increasing emphasis is being placed upon studies aimed at the conservation of vision, especially of young but also of older diabetic patients. About four hundred patients with diabetes beginning in childhood are educated each year. With means to provide further studies both in the laboratory and in the homes, a long-range program could be undertaken with great hope of success.

The number of young physicians appointed as fellows for training in diabetes has increased so that in 1953 eleven were so employed. During the last two years, three fellowships have been held by doctors from Switzerland, one from Germany, three from Denmark, one from London, England, one from Brazil, two from

The solariums, located in cheerful corners of the Hospital, provide sunshine, relaxation, and a place to get acquainted with other patients. Those who are up and around, and able to take advantage of these facilities, enjoy the pleasant and restful atmosphere.

Canada, one from France, and one from India. In order to aid members of the General Medical Staff, one of these fellows has for a period of two months been assigned as an assistant resident on that service. Thus, during a twelve-month period, six different men have such an appointment. During the years since World War II, by arrangement with the Peter Bent Brigham Hospital, six of their assistant residents have come each year for a period of training in connection with the Diabetes Clinic. Other types of medical instruction have been carried on and should increase. Thus, under the Postgraduate Department of Harvard Medical School, a course for graduates is given annually and in July, 1953, twenty-six men from various parts of this country took this course. In addition, fourth-year students at the Harvard Medical School may elect a period in their fourth year at the Deaconess Hospital. Third-year students from Tufts Medical School come once a week for a two-hour session in pediatrics.

The Department of Roentgenology moved into the more spacious and more efficient quarters on the second floor of the new building, as a gradual transition covering a period of approximately two months. The first films were taken in the new quarters on March 3, 1953, but the last of the therapy machines from the old Palmer department was not ready to operate in the new building until May 7, 1953. Adequate space in the waiting room and dressing rooms makes it possible for the patient having x-ray examinations to leave the department in a shorter period of time than was formerly the case, and his films are available for inspection in a shorter period of time because of the better dark-room facilities. The increased efficiency of the new quarters is such that the roentgenologic needs of a five-hundred-bed

(*Continued on page 22*)

An International Hospital

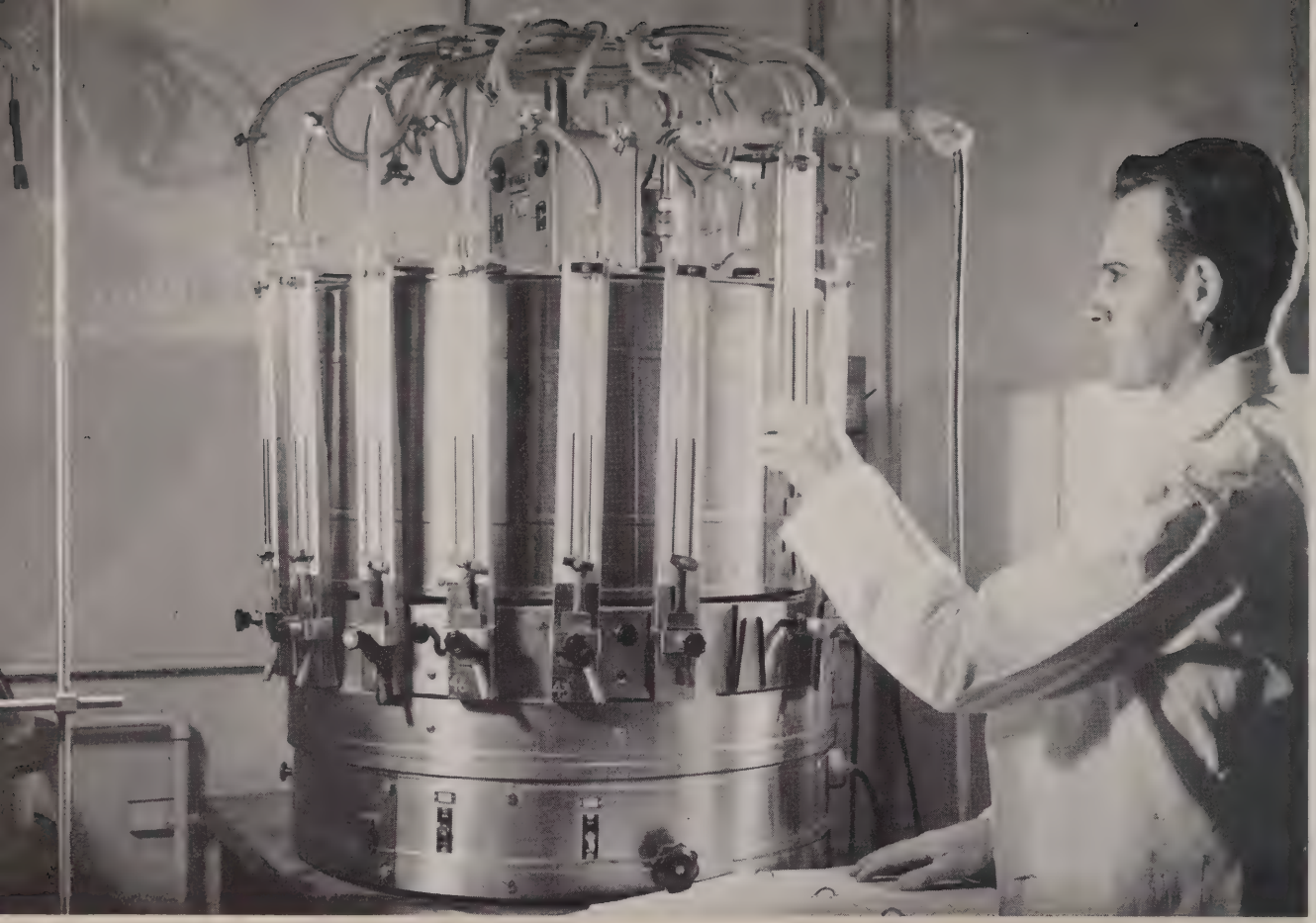
Patients came for medical care from all over the United States and from 37 foreign countries in 1952-1953.

In addition, thousands of doctors from all over the world visited the Deaconess to observe surgical, medical and research techniques.

LEGEND

✚ Visiting doctors.

🛏 Patients from foreign lands.



In back of all successful hospital treatment lies the painstaking research work of the laboratories. At all hours, laboratory specialists make examinations and tests that are indispensable to surgical and medical procedures.

hospital can be met without any difficulties.

Since all of the activities of the department are now within a single building, each member of the department can have at least a small part in everything that goes on within the unit. This increases the interest of all concerned and provides a more fertile field for the residents. The number of residents in roentgenology, therefore, will be increased to three beginning on July 1, 1954.

The underground room for our 2,000,000-volt x-ray therapy machine is now complete and delivery of the machine is expected during the spring of 1954. The delay has prevented us from treating many patients, but it has also provided the opportunity for us to gain additional second-hand experience from our friends who are using similar equipment at Massachusetts Institute of Technology and Massachusetts General Hospital. Although a slight increase in the total number of examinations in 1953 is to be noted, of greater interest is the increasing number of new types of examinations unknown until recently. Many of these examinations require the cooperative effort of the anesthetist, surgeon or internist, radiologist, and one or more nurses and technicians. Since residents and fellows are frequently added to the list, it is not unusual to find seven or eight persons contributing to the examination of a single patient. We are proud to have a part in procedures of this type and believe that the best interests of the patient are served by such cooperative effort.

The Department of Pathology is responsible for several laboratories directly concerned with the care of patients or with research. A distinctive feature of the patients of this hospital is the high proportion of difficult diagnostic problems, of problems of management and treatment, and hence the load thrown on the

laboratories is exceptionally heavy. This load is experienced not only during normal working hours but also must be met late at night, weekends, and holidays.

The high proportion of extremely serious surgical operations also imposes a very heavy burden both on our Blood Bank and our Intravenous Department. The work of the Intravenous Department, now operating closely with Central Supply, has been a great factor in avoiding and correcting certain types of surgical complications and in shortening the hospital stay of patients.

The serious problem of blood transfusions arises from the continuous need for an adequate supply of fresh blood. Our cooperative arrangement with the New England Baptist Hospital has been of great value for the protection of the patients and for economy of administration. The director of our blood bank, Dr. Harold A. Kenton, is also chairman of the scientific committee guiding the Massachusetts Red Cross Blood Program. It is not generally realized that, with each of the thousands of transfusions given, detailed laboratory tests for the determination of blood groups and subgroups must be done, both on the recipient and on potential donors. It is often an extraordinarily difficult problem to find the necessary blood for patients with the rarer blood groups.

Our laboratories have been badly scattered, but with the space freed in Palmer by the removal of the X-ray and Dietary Departments to the Central Building, more space is now available in Palmer to permit the much-needed consolidation of the laboratories. This will, in turn, free needed space in Deaconess and Baker now utilized by the laboratories.

The increasing demand for adequate work in the field of clinical pathology has proved the value of adding to the staff of the hospital a pathologist especially qualified in this particular phase. Training of residents in clinical pathology has been undertaken also because of the great shortage of adequately trained medical men in this field.

The Pathology Laboratory, under the skillful guidance of Dr. William A. Meissner, not only provides prompt and accurate diagnostic service, but in addition provides much in the way of specialized consultation service to the staff. The numerous calls for immediate frozen section diagnosis in the operating rooms are a sound index of the great value of this procedure both to patient and surgeon.

The weekly clinical pathologic conferences, organized and conducted by Dr. Meissner, have been extremely successful as attested by the heavy attendance of the staff.

Throughout the laboratories the organization and volume of the work has been such that a high degree of accuracy has been obtainable at low cost. As a result of continuing attention to laboratory costs, laboratory procedures can be done more cheaply for our patients than in most hospitals.

Of great significance to the laboratories and the patients they aid is the Cancer Research Institute which, in its divisions of biochemistry, biophysics, experimental pathology, hematology, and radiobiology, is exploring some of the frontiers of knowledge and makes available for the better service of the patients in the hospital highly specialized apparatus and highly skilled personnel. In addition, new procedures of diagnostic or therapeutic value such as the utilization of radioactive isotopes can be promptly applied to the needs of patients in the hospital. The isotope room at the hospital, built with the aid of the Godfrey M. Hyams Fund, was the first special room to be built for this purpose outside of installations of the Atomic Energy Commission and has provided a useful example, both from the standpoint of utility and safety, as to how these useful but potentially dangerous substances can be handled in a hospital.

The Cancer Research Institute has been fortunate in obtaining the only existing model of the newly invented and developed Polaroid ultraviolet color translation microscope. This instrument has been loaned to the Institute by the Office of Naval Research to facilitate research in the field of biology and medicine in

The anesthesiologist and related services of the Hospital are available in the recovery room, insuring the best postoperative care for all patients following surgery. Close observation is maintained until the patient has fully recovered from anesthesia.

the Boston area. It is currently being made available to other groups beside the Institute staff to facilitate their research. This instrument by a newly devised lens system and controlled system of ultraviolet light in various wave lengths has proved to be of great value for the recognition of certain constituents of tissues.

Dr. Sheldon C. Sommers left to become Pathologist at the Massachusetts Memorial Hospital and Associate Professor at Boston University School of Medicine. He will, however, continue several phases of his work here and will be affiliated with the experimental pathology group under his appointment as Research Associate in Pathology.

Dr. W. Eugene Knox joined the staff as group leader in biochemistry and, in addition, is Associate Professor of Biological Chemistry at the Harvard Medical School.

This report, submitted for the medical and surgical staff, is only complete with our congratulations and greetings to Mr. Robert D. Lowry and Dr. Warren F. Cook, as they undertake their new positions as Executive Director and Executive Consultant.

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Medical Staff—1954

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Report of the FRIENDS OF THE DEACONESS

THIS has been a year of great accomplishment for the "Friends", for with the completion of the Central Building, it has enabled us to have our long dreamed of Coffee Shop as well as a lovely Flower Shop, both in the main lobby of the new building.

The Coffee Shop, thanks to the untiring efforts of Mrs. Eugene Mather and Mrs. Shields Warren, is now a going concern. It cost us $6,700 to install and equip, but is now fully paid for, and is showing a profit of about $600 a month.

Its greatest value, however, is not in dollars, but in its service to the hospital and public relations. For the Coffee Shop with its warm friendly atmosphere provides an informal meeting place, where the volunteers, staff, and hospital personnel have an opportunity to become better acquainted, while eating a snack lunch or having a cup of coffee. It also often enables us to say a word of comfort or reach out a helping hand to some of the families of the very sick patients or to the patients themselves.

We all give a vote of thanks to Mrs. Brown behind the counter; Mrs. Blanchard, our head of volunteers; and to our volunteers, for without them the Coffee Shop just couldn't function.

Our attractive Flower Shop not only adds color to the lobby but offers a chance for our more artistic volunteers to make lovely flower arrangements to sell to us as well as to visitors. So far it has shown a profit of over $600 and we anticipate a much larger return as it becomes better known. In the window of this shop we have a showcase filled with costume jewelry, our latest acquisition. The jewelry was very popular at Christmastime, and we hope will continue to be.

We are all delighted with our new Thrift Shop, now located in a corner room on the ground floor of Harris Hall, with its own entrance on Pilgrim Road. Miss Edith Wright has worked very hard moving from Brodbeek cottage, and has decorated it to give it a bit of glamour. We will all be busy this spring giving "Bundle Teas" to help her refurbish it. Last year in our old room we cleared over $1,000 and this year with a proper shop, centrally located, we hope to do a booming business.

A group of loyal "Friends" under the direction of Miss Mabel Marsh, continue to come every Wednesday morning to roll bandages, thread needles, stretch and package gauze dressings to be sterilized, thus saving the hospital countless hours of work.

Our membership list remained more or less static this year, but I feel that through working together at the Coffee, Flower and Thrift Shops we have become a more integrated group. 412 regular members and 19 life members, 7 of these new. With dues and gifts, these have contributed $1,962.

The number of Woman's Societies of Christian Service of the Methodist churches who have joined the "Friends" has shown a marked increase, and they have responded very generously to Bishop Lord's appeal for funds for the 2,000,000-volt x-ray machine. Over 175 have sent dues and gifts amounting to over $1,000, and they continue to come.

We have had several other money-raising events: our annual "Deaconess Night" at the Pops, netting us over $1,000; a food sale in September to raise money for a new cart for the library; a Christmas Bazaar, given in conjunction with the nurses and alumnae, to raise a "drop in the bucket" for the x-ray machine. The "drop" turned out to be rather a large one — $840.

We now have two nurses training on the

Catherine Delano Grant Scholarship Fund. This year the scholarship was awarded to Gail Chamberlin. It seemed quite appropriate that she should have it, for she is the daughter of Mr. Joseph Chamberlin, who for over ten years was Chief Pharmacist and Purchasing Agent for the hospital. Her mother was also a Deaconess graduate.

Our annual meeting took place as usual the third Tuesday in October in the Joslin Auditorium. Mrs. F. Gorham Brigham presided. After a short business meeting, Dr. Frank Foster of the Lahey Clinic spoke on "The Changing Medical Picture and How Our Living Affects It." The subject was most timely, and everyone was very interested. The meeting closed with tea in Harris Hall.

Our gifts to the hospital this year are as follows: $6,700 to install and equip the "Coffee Shop"; $3,000 toward the Building Fund (we still owe $7,000 of the $60,000 promised, but hope to complete payments this next year); $1,840 toward the x-ray machine; $210 for the new book wagon; $50 for Christmas favors for patients' trays; complete new outfits, including pajamas, for 24 children on Deaconess II.

I think it might be of interest to the Board of Trustees and Corporation members to know that, from 1932-1953, we have contributed over $80,000 to the hospital. In the early years we raised money by selling fresh country eggs, a musical in a member's house, a bridge party, etc. We have come a long way, but we are still looking forward to 1954, hoping to increase our membership and interest more volunteers in our activities, thereby being of more service to the hospital.

— Helen G. Wardwell, *President*

Friends of the Deaconess Hospital, Inc.

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Above: A convenient shop, selling plants, flowers, and gifts, is operated by the Friends of the Deaconess and staffed by volunteers.

Below: An inviting coffee shop, also a project of the Friends, combines pleasant atmosphere with excellent food, serving visitors, patients, and employees.

NEW ENGLAND DEACONESS HOSPITAL

ASSETS

	1952	1953
General Fund		
Current assets:		
Cash	$ 24,201.80	$ 41,859.52
Accounts receivable less reserve for uncollectible accounts	176,083.70	176,943.34
Inventory of supplies	99,491.03	127,442.83
Insurance prepaid	10,689.77	12,859.66
Total current assets	310,466.30	359,105.35
Temporary Funds		
Cash and securities — gifts and bequests for special purposes	140,511.31	104,809.36
Cash and securities set aside for pension fund	25,000.00	25,445.31
Cash and securities set aside for depreciation, obsolescence and construction funds	150,000.00	73,539.06
	315,511.31	203,793.73
Endowment and Other Funds Presently Held as Endowment		
Investments and cash awaiting investment	1,173,965.38	1,285,249.57
Building and Equipment Funds		
Land, buildings and equipment	5,826,983.71	7,049,915.00
Cash and securities	42,635.51	86,293.47
	5,869,619.22	7,136,208.47
	$7,669,562.21	$8,984,357.12

Statement by Accountant

Executive Committee
New England Deaconess Hospital
Boston, Massachusetts

I have examined the balance sheet of New England Deaconess Hospital as at December 31, 1953, the income statement and the analysis of general fund account for the year then ended. The examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as were considered necessary in the circumstances.

In accordance with the prevailing practice of hospitals, it had not been the practice of New England Deaconess Hospital prior to 1952 to provide for depreciation of buildings and equipment

Balance Sheet December 31, 1952-1953

LIABILITIES

	1952	1953
General Fund		
Current liabilities:		
Accounts payable and accrued expenses, including withheld taxes...	$ 111,715.63	$ 189,709.96
Payments on mortgage due within one year.....		50,566.00
Total current liabilities.....	111,715.63	240,275.96
General Fund.....	198,750.67	118,829.39
Total current liabilities and General Fund.....	310,466.30	359,105.35
Temporary Funds		
Gifts and bequests for special purposes.....	140,511.31	104,809.36
Pension Fund.....	25,000.00	25,445.31
Depreciation, obsolescence and construction funds.....	150,000.00	73,539.06
	315,511.31	203,793.73
Endowment and Other Funds Presently Held as Endowment		
Funds.....	1,173,965.38	1,285,249.57
Building and Equipment Funds		
Building and equipment funds.....	4,773,077.27	5,458,044.72
Provision for depreciation of hospital buildings and equipment.....	126,476.56	241,059.75
Advances on $1,500,000.00 mortgage, 4% due August 1, 1973.....	970,065.39	
Mortgage payable, except amount shown in current liabilities above, 4% due August 1, 1973.....		1,437,104.00
	5,869,619.22	7,136,208.47
	$7,669,562.21	$8,984,357.12

in the accounts. Depreciation at 6% of costs had been permitted in computing costs reimbursable by third parties under rules of the Massachusetts Department of Public Health. For the years 1953 and 1952, depreciation as an element of reimbursable cost is permitted only if entered in the accounts. The hospital has taken depreciation and complied with this requirement.

In my opinion, subject to the foregoing, the accompanying balance sheet and related income statement and the analysis of general fund account present fairly the financial position of New England Deaconess Hospital at December 31, 1953, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Boston, Mass., February 9, 1954 WEBSTER McCANN

NEW ENGLAND DEACONESS HOSPITAL *Income Statement*

For the Years Ended December 31, 1953 and 1952

	1953	1952
Hospital net income	$2,732,009.81	$2,420,053.58
Operating expenses:		
Administrative and general including publicity	338,319.62	276,230.02
Household and property	1,019,131.86	911,306.26
General professional care	802,427.86	710,641.84
Special professional care	579,273.18	522,635.30
Outpatient department	10,348.37	14,715.26
Pensions and annuities	4,081.40	3,889.42
	2,753,582.29	2,439,418.10
Surplus from operations	*21,572.48**	*19,364.52**
Add other income:		
Endowment income	114,020.54	93,890.73
Trustees of the Consumptives' Home	5,072.72	6,000.00
Donations	20,118.65	22,101.73
Guarantee Fund	275.00	250.00
	139,486.91	122,242.46
	117,914.43	102,877.94
Deduct:		
Interest on mortgage	54,838.29	9,266.86
Surplus before provision for depreciation, obsolescence and construction	63,076.14	93,611.08
Set aside for depreciation, obsolescence and construction funds	85,432.60	85,000.00
Provision for depreciation of hospital buildings and equipment, less equipment chargeable thereagainst	114,583.19	126,476.56
	200,015.79	211,476.56
Balance of income added to General Fund	$ *136,939.65**	$ *117,865.48**

*Denotes red figure.

Analysis of General Fund Account

For the Two Years Ended December 31, 1953

Balance January 1, 1952	$ 201,663.99
Add:	
Unrestricted legacies	29,401.46
Transfer from Building and Equipment Funds	241,059.75
Transfer from annuity reserve	6,000.00
	478,125.20
Deduct:	
Transfer to Building and Equipment Funds	104,490.68
Deficit for the year 1952	117,865.48
Deficit for the year 1953	136,939.65
	359,295.81
Balance December 31, 1953	$ 118,829.39

Endowment Funds

INCOME TO BE USED FOR FREE BEDS

Mary V. Achley Fund	$ 3,000.00
Anonymous	16,000.00
Julia A. Babcock Fund	200.00
George William Boyd Fund	5,000.00
Brandegee Foundation	200.00
Abbie K. Chandler Fund	1,000.00
Georgette B. Coburn Fund	2,962.00
Mr. and Mrs. Costello C. Converse Free Bed Fund	50,000.00
Fannie F. Eager Free Bed Fund	5,000.00
George R. Eager Free Bed Fund	5,000.00
Mr. and Mrs. William R. Elliott Free Bed Fund	30,061.07
Free Bed for Eye Patients	6,904.00
Edith W. Gallagher Fund	10,000.00
Ferdinand C. Gammons Fund	68,575.91
Nathan R. George Free Bed Fund	29,197.38
Annie W. Gooding Free Bed Fund	1,200.00
Isabella Louise Grant Free Bed Fund	6,500.00
Lucy J. Haigh Free Bed Fund	5,000.00
Bishop John W. Hamilton Free Bed Fund	500.00
Mary Adeline Tobey Hastings Fund	24,934.44
Elijah B. and Josephine M. Hine Room	3,900.00
Abbie Hills Holbrook Bed Fund	10,000.00
Ida Sinclair Holt Free Bed Fund	25,000.00
Dr. Joshua C. Hubbard Free Bed Fund	5,000.00
Harriet Hunter Free Bed Fund	500.00
S. Elizabeth Huntington Free Bed Fund	5,000.00
Solomon M. Hyams Free Bed Fund	10,000.00
Linda May Jackson Free Bed Fund	600.00
Deborah M. Josselyn Free Bed Fund	346.40
Nellie Louise Kidder Free Bed Fund	745.24
Kingsbury Fund for Aliens	678.05
Aimee Lamb Free Bed Fund	5,000.00
Effie E. Lord Free Bed Fund	1,000.00
Flora E. MacGlauflin Free Bed Fund	5,000.00
George H. Maxwell Fund	10,000.00
Annie H. Mooney Free Bed Fund	13,652.59
Sarah K. Morse Fund	1,758.00
Nellie S. Moulton Free Bed Fund	300.00
New England Deaconess Alumnae Association Free Bed Fund	10,200.00
New Hampshire Conference Free Bed Fund	1,019.36
Grace A. O'Brien Free Bed Fund	5,000.00
John A. Ordway Fund	5,000.00

Charles A. Packard Fund	500.00
Albert N. Parlin Free Bed Fund	50,000.00
Abbie S. Beasley Free Service Fund	475.00
Mary E. Pickering Free Bed Fund	500.00
Anna M. Pickford Memorial Free Bed Fund	25,100.00
Georgia M. Whidden Porter Free Bed Fund	18,824.97
George Pope and Emily J. Swan Pope Fund	55,000.00
Howard M. Ray Memorial Fund	300.00
Mrs. Hannah R. Richards Memorial Fund	1,000.00
William L. Shearer Fund	10,000.00
Mary Elizabeth Slack Free Bed Fund	25,000.00
Mr. and Mrs. C. D. Tutein Free Bed Fund	112.00
Emma A. Ward Fund	1,896.23
Catherine E. Watson Free Bed Fund	5,000.00
Sarah Wheeler Free Bed Fund	4,000.00
Annie W. Woolson Free Bed Fund	5,000.00

INCOME TO BE USED FOR SPECIAL PURPOSES

Adelaide Bunnell Allen Fund	$ 1,000.00
Jane G. A. Carter Orthopedic Fund	1,000.00
John Howard Charlton Fund	1,000.00
Catherine Delano Grant Nursing School Scholarship	11,000.00
Clara M. Harlow Fund (Cancer Research)	18,891.18
Mary E. Holt Room Fund (Furnishings)	1,000.00
Helen Earle Hood Fund for study and care of diabetes	500.00
Sylvester Kimball Fund (Furnishings)	500.00
Gallah Levi Fund (Furnishings)	1,000.00
Melvin S. Litchfield Fund (Cancer)	30,000.00
Mary DeShon Lowell Fund	751.00
Mary L. McIntyre Fund	1,000.00
Fannie Kimball and May C. Morse Fund	1,000.00
Walter S. North Fund for study and care of diabetes	1,000.00
Wendell Phillips Parker Fund	1,040.00
Amy Pinkham Fund	20,000.00
Louise O. Twombley Fund	100.00
F. B. and G. A. Webster Fund	8,918.96
A. A. West and G. B. West Fund	5,000.00
William F. Willmann Fund	4,887.33

INCOME TO BE USED FOR GENERAL PURPOSES

Malon H. Bancroft Fund	$ 1,740.51
Ada S. Blair Fund	4,750.00
Maria R. Bickford Fund	5,000.00
Elizabeth A. Botsford Fund	14,668.07
John and Harriet Champhrey Fund	3,063.36
Philip Chase Fund	50.00

INCOME TO BE USED FOR GENERAL PURPOSES

Clark Fund	2,910.00
Chester C. Corbin Fund	100,000.00
Clara L. Crawford Fund	5,000.00
Bertrand V. Degan Fund	3,000.00
Francis J. Douglas Fund	500.00
Roswell L. Douglas Fund	2,500.00
Perley E. Fay Fund	10,000.00
Inez E. Fisher Fund	16,047.33
Mary George Fund	1,000.00
Sarah R. Griffin Fund	7,000.00
Francis W. Hale Fund	1,000.00
Frank S. Hamilton Fund	7,152.05
Florence S. Haskins Fund	5,000.00
Charles W. Haworth Fund	300.00
Alice Hiscox Fund	1,000.00
Margaret E. Johnston Fund	2,500.00
Daniel Fiske Jones Memorial Fund	5,000.00
George W. Lawrence Fund	171,829.63
Maud G. Leadbetter Fund	1,000.00
Edward E. Mallalieu Fund	29,190.86
Willard Taylor Perrin and Lucy E. Perrin Memorial Fund	13,010.97
Chaplain and Mrs. Charles A. Plumer Fund	200.00
Herman and Emma Richter Fund	2,301.46
Elizabeth Clarke Rogers Fund	5,000.00
Sophy K. Rousmaniere Fund	15,000.00
Andrew T. Sampson Fund	2,408.40
Georgianna B. Sargeant Fund	2,000.00
Smith-Hamilton Fund	42,600.00
Ella Gertrude Spalding Fund	2,114.87
Edward W. Swan Fund	33,743.96
George H. Swift Fund	5,729.80
Sarah S. Swift Fund	2,275.70
Alice Wheeler Fund	8,553.19

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FRANCIS W. CAPPER, *Treasurer*
New England Deaconess Hospital
Deaconess Road, Boston 15, Massachusetts

Enclosed find $.....as my contribution toward relieving the suffering of the poor.

NAME.....

ADDRESS.....

.....

Make all checks payable to the New England Deaconess Hospital, Boston 15, Mass.

The motive behind the growth of the Deaconess Hospital has been the instinct and desire to care for those who are not able to care for themselves. The need is greater today than it has ever been. Why not let skilled workers be the servants of your good will?

FORM OF BEQUEST

I give and bequeath the sum of

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to the New England Deaconess Hospital, a corporation duly organized under the laws of the Commonwealth of Massachusetts, to be used in such manner as may be considered most expedient by the Board of Trustees.

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Date.....

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MAJOR NEEDS OF THE HOSPITAL

Laboratory Consolidation and Renovation....		$100,000.00
A Chapel.....		$50,000.00
Laundry Expansion.....		$50,000.00
Nurses' Locker Room and Lounge.....		$25,000.00
Furnishings for Student Nurses' Living Quarters		$10,000.00
Shop Renovations.....		$5,000.00
New Furnishings and Equipment for Children's Ward.....		$1,000.00
Adjustable Height Beds (10).....	(each)	$215.00
Adjustable Wheel Chairs (5).....	(each)	$150.00
Cardiac Tables (25).....	(each)	$75.00
Bedside Tables (25).....	(each)	$60.00
Endowment for Free Beds		

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